

ENFIELD YOUTH LEAGUE COACHING APPLICATION

NAME: _____ **DATE:** _____

ADDRESS: _____
No. Street City/Town State/Zip Code

PHONE:(h) _____ **(w)** _____ **(c)** _____

E-MAIL: _____

Are you at least 18 years of age? Yes No

SS# _____

POSITION APPLYING FOR?

Head Coach _____ **Assistant Head Coach** _____

Grade _____ **Girls Division** _____ **Boys Division** _____

COACHING CERTIFICATION: _____

CPR/FIRST AID: _____ **EXP. DATE:** _____

OTHER CERTIFICATIONS:

COACHING EXPERIENCE:

COACHING PHILOSOPHY:

PLAYING EXPERIENCE:

LIST 2 PERSONAL REFERENCES AND PHONE NUMBERS:

1. _____

2. _____

Please sign on last page.

For the following question, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§46b-146, 54-760 or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased conviction or arrests you are considered to have been arrested and may swear so under oath.

Have you ever been convicted of a law violation other than a minor traffic offense:
Yes _____ No _____

If yes, please explain: _____

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are not considered minor traffic offenses.

Have you ever been fired or asked to resign from a job? Yes _____ No _____

If yes, please explain: _____

Are you a United States citizen or are you authorized to work in the United States?
Yes _____ No _____

CERTIFICATION AND RELEASE

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I further certify that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for rejection of my application or, in the event that I am hired, immediate discharge.

I authorize the Town of Enfield to contact all of the educational institutions, employers, personal references listed in this application and others the Town may deem necessary to contact to obtain information related to my application for employment. I authorize all such contacts noted above to provide information to the Town of Enfield and I hereby release the Town of Enfield and all such persons and/or entities supplying such information from any and all liability and/or damages arising out of the release or use of such information.

I understand that upon an offer of employment, I may be requested to successfully pass a physical examination. I hereby agree to take a drug screening test, consisting of blood and/or urinalysis test(s) to detect the presence of illegal drugs and/or alcohol, (including but not limited to, barbiturates, heroin, cocaine, marijuana) and that any positive test(s) will be confirmed by two (2) alternative methods. I authorize the laboratory conducting such test(s) to release the results of such test(s) to the Town of Enfield and I understand that I may request a copy of such results. I understand that the results of such test(s), if positive, may result in my disqualification from employment with the Town of Enfield. I release the Town of Enfield, employees of the Town of Enfield, elected or appointed officials of the Town of Enfield and I release the laboratory conducting such test(s), its employees and representatives from any and all liability arising from or out of the administration of such test(s).

APPLICANT'S NAME: _____ SS# _____

APPLICANT'S SIGNATURE: _____ DATE: _____

THE TOWN OF ENFIELD IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER-M/F